

FILED JAN 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40262

State File No.

BIRTH NO.		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>4176</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u> c. LENGTH OF STAY (in this place) <u>45 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>300 East Main</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u> <u>1351</u> d. STREET ADDRESS (If rural, give location) <u>300 East Main</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u> b. (Middle) <u>C.</u> c. (Last) <u>Guthrie</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec.</u> <u>22</u> <u>1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>Sept 9, 1895</u>		9. AGE (In years last birthday) <u>55</u> If UNDER 1 YEAR: Months Days If UNDER 1 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE <u>Thomas Guthrie</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Guthrie</u> ADDRESS <u>Malden, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Squamous Cell Carcinoma upper 1/3 of Esophagus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>150X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 16 hrs to 1 1/2 yrs</u>			
19a. DATE OF OPERATION <u>1/11/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>resection of carcinoma which was adherent to pericardium and left main stem bronchus</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>49</u> , to <u>Dec. 22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 21</u> , 19 <u>50</u> , and that death occurred at <u>3:50 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Homer Beale</u>		(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>110 H. Main St. Malden Mo</u>		23c. DATE SIGNED <u>12-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden M. Park</u>		24d. LOCATION (City, town, or county) (State) <u>Malden Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 6, 1951</u>		REGISTRAR'S SIGNATURE <u>J. L. Schumacher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Way Funeral Home</u>		ADDRESS <u>Malden, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 1-8-51
COUNTY FILE NUMBER 151-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. D. Schuman
Licensed Embalmer No. 4086
P. O. Address *Menden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.